

COMMISSIONER FOR PATENTS  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

PATENT APPLICATION  
Date: October 16, 2003  
File No. 1115.68541

19270 U.S.PTO  
10/687404



Sir:

Transmitted herewith for filing pursuant to  
35 U.S.C. 111(a), is the patent application of

Inventor(s): Kurihara et al.

For: PIEZOELECTRIC ACTUATOR AND  
INFORMATION STORAGE DEVICE

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to:  
Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

Oct. 16, 2003  
Date

  
Express Mail Label No.: EV032735269US

Enclosed are:

(X) 31 pages of specification, including 7 claims and an abstract.  
( ) an executed oath or declaration, with power of attorney.  
(X) an unexecuted oath or declaration, with power of attorney.  
( ) \_\_\_\_ sheet(s) of informal drawing(s).  
(X) 13 sheet(s) of formal drawings(s).  
( ) Assignment(s) of the invention to \_\_\_\_\_ and Assignment Cover Sheet.  
( ) A check in the amount of \$\_\_\_\_\_ to cover the fee for recording the assignment(s).  
(X) Information Disclosure Statement, Form PTO-1449 and cited references.  
( ) Claim for Priority and Priority Document.

Preliminary Amendment

(X) Please insert the following between the title and line 1 of the specification:  
-- This is a continuation of International PCT Application No. PCT/JP01/03351, filed April 19, 2001.--

Fee Calculation For Claims As Filed

a) Basic Fee		\$ 770.00
b) Independent Claims	2 - 3 = 0	x \$ 86.00 = \$ 0
c) Total Claims	9 - 20 = 0	x \$ 18.00 = \$ 0
d) Fee for Multiple Dependent Claims		\$ 290.00 = \$ 290.00
	Total Filing Fee	\$ 1,060.00

( ) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$\_\_\_\_\_  
(X) A check in the amount of \$ 1,060.00 to cover the filing fee is enclosed.  
( ) Charge \$\_\_\_\_\_ to Deposit Account No. 07-2069.  
(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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